Evaluation of Local Supplementary Feeding Program in Toddler Nutrition Recovery House (Pelita) in Kedung Banteng District, Tegal Regency

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Abstract

One approach taken to reduce the prevalence of stunting is by providing additional recovery food to malnourished toddlers. The Rumah Pelita supplementary food program has been running in Kedung Banteng District since 2020. In the implementation of the Rumah Pelita Program, there are still existing cases of stunting and the nutritional status of targets and there has never been an evaluation of the Rumah Pelita program. The aim of the research is to determine the evaluation of the supplementary feeding program made from local food in Kedungbanteng District, Tegal Regency in terms of input, process and output aspects. This research method is qualitative research which is descriptive and evaluative in nature. The research period is January-March 2023. The research was conducted in 5 villages in the Kedungbanteng Community Health Center area. The main informants were 1 nutrition officer and 5 village midwives, and triangulation informants were 5 Rumah Pelita cadres and 5 mothers of toddlers. Data collection used in-depth interviews, while the source triangulation method was used to validate the data. Research data analysis is data reduction, data presentation and drawing conclusions. The results of the research show that the number of cadres is still insufficient, and there are still villages that have not budgeted for equipment rental and transportation for cadres, there are deficiencies in reporting and recording and there are still toddlers who experience stunting. There needs to be integration of central and regional government policies regarding handling stunting in toddlers, so that there is a division of the budget for handling stunting. and it is recommended that health workers provide health education about stunting prevention and routinely monitor the development of toddlers.

Keyword: Stunting, Policy, Nutrition, Provision of supplementary food, Toddler

INTRODUCTION

Stunting or stunting is a condition of failure to thrive in toddlers as a result of chronic malnutrition, especially in the first 1.000 days of life so that children are too short for their age (Kemenkes RI, 2018). Stunting is currently a problem because it is associated with an increased risk of morbidity and mortality, as well as sub-optimal brain development so children's motor and mental development is hampered (Mitra, 2015).

The prevalence of stunting in toddlers according to the World Health Organization (WHO), the country with the third highest prevalence in the Southeast Asia/South-East Asia Region (SEAR) region, Indonesia's prevalence related to stunting in toddlers in 2017 was 36.4% and in 2018 it was 30, 8% (Kemenkes RI, 2018). The 2018 Basic Health Research results have shown a reduction in stunting rates at the national level in five years of 6.4%, from 37.2% in 2013 to 30.8% in 2018. Stunting in Indonesia is ranked 108th out of 132 countries

(Kemenkes RI, 2018). Indonesia itself is listed as a country out of 17 countries that experience a double burden of nutrition, starting from the problem of excess nutrition, as well as the problem of undernutrition. Indonesia is the country with the second-largest editing privacy rate in Southeast Asia after Cambodia. Factors causing stunting are family and household, inadequate provision of complementary feeding, several problems in breastfeeding, infections and endocrine disorders (Rahayu et al., 2018). Other factors that cause stunting include parental education and knowledge, parenting style, economy, food availability, demographics, and health services (Satriawan, 2018).

According to the results of the 2021 Indonesian Nutrition Status Study, Tegal Regency is the second district with the highest stunting cases in Central Java and the district with the highest wasting status in Central Java (Kemenkes RI, 2021). As a district with the highest stunting and wasting status in Central Java, stunting cases are still a problem faced by local governments that require serious attention to handle. The government's efforts to overcome the problem of stunting and malnutrition are carried out by improving community nutrition, one of which is through the Supplementary Feeding program to improve children's nutritional status. suplementary feeding program-p for toddlers is a nutrition program that aims to restore toddler nutrition by providing food with sufficient nutritional content so that toddlers' needs are met (Kemenkes RI, 2011).

In the Tegal Regency, especially in the Kedung Banteng District, there is already a program for handling stunting toddlers by providing additional food, namely the Toddler Nutrition Recovery House (Rumah Pelita) program. Rumah pelita is an innovative activity to deal with the incidence of cases of toddlers with protein energy deficiency, especially in the handling of stunting toddlers in the Kedungbanteng District, Tegal Regency. The program for providing additional food for toddlers at Rumah Pelita is provided in the form of snacks made from local food ingredients with a 4-star concept cooked by health cadres. The activity of providing additional food at Rumah Pelita lasted for 90 consecutive days. Rumah Pelita activity was initiated by a nutrition officer at the Kedungbanteng Community Health Center. Rumah pelita were established in 9 villages in the Working Area of the Kedung Banteng Health Center. The forerunner of the Rumah Pelita is September 2020. in Tonggara Village. At first, it was established named Nutrition Recovery Post. In May 2021, lamp houses were built in 9 other villages in the Working Area of the Kedungbanteng Health Center, Tegal Regency.

The activity of providing local food-based supplementary food at rumah pelita has been running since 2020. Since the launching of rumah pelita activities there has never been an evaluation either from the health center or the sub-district or village and based on interviews

with nutrition officers there are several problems with the rumah pelita program including cases of stunting that still exist, the target nutritional status did not change and there were targets who did not like the suplementary feeding program menu. Based on this, the researcher wants to know how to evaluate the implementation of the rumah pelita program in the Kedungbanteng Health Center, Tegal Regency, in terms of input, process, and output.

METHOD

This type of research is descriptive research using a qualitative approach. This research was conducted in 5 villages implementing the Rumah Pelita program in Kedungbanteng District. The research was carried out from January to February 2023.

The research subjects in this study were selected using purposive sampling, namely samples created by the researchers themselves, based on previously known characteristics or features of the population. The main informants were 1 nutrition officer and 5 village midwives.

The reason the researcher chose 1 nutrition officer and 5 village midwives was because the village midwife and nutrition officer were because the subjects knew about the implementation of the Rumah Pelita program activities from planning to evaluation. The triangulation informants were 5 Rumah Pelita cadres and 5 mothers of toddlers.

The data collection method uses in-depth interviews, while the source triangulation method is used to validate the data. Research variables include input, process and output aspects. Research instruments include in-depth interview guidelines, recording equipment, and observation checklist format. Research data analysis is data reduction, data presentation and drawing conclusions.

RESULTS

The characteristics of the main informants in this research are as follows :

Informant Code	Gender	Age	last education	Working period	Position
IU-PG	Women	37 years old	Bachelor of Public Health	22 years	Nutrition officer
IU-B1	Women	37 years old	Midwifery	14 years	Village midwife
IU-B2	Women	29 years old	Midwifery	2 years	Village midwife
IU-B3	Women	38 years old	Midwifery	14 years	Village midwife
IU-B4	Women	41 years old	Midwifery	12 years	Village midwife
IU-B5	Women	40 years old	Midwifery	12 years	Village midwife

In this research, informant triangulation was also determined to test the validity of the data obtained from the main informants :

Informant Code	Gender	Age	last education	Working period	Position
IT-K1	Women	50 years old	Junior High School	13 tahun	Cadre
IT-K2	Women	49 years old	Senior High School	11 tahun	Cadre
IT-K3	Women	42 years old	Junior High School	9 tahun	Cadre
IT-K4	Women	49 years old	Elementary School	15 tahun	Cadre
IT-K5	Women	29 years old	Junior High School	8 tahun	Cadre

The results presented in this research are about the evaluation of the supplementary feeding program made from local food Rumah Pelita in Kedungbanteng District, Tegal Regency in terms of input, process and output.

Inputs

1. Man

The following is an excerpt from an interview regarding the staff in the Rumah Pelita program:

"..... Village, nutrition officers, village midwives, village heads, health cadres" (All Informants).

The person in charge of the Rumah Pelita program is the Kedungbanteng Community Health Center Nutrition Officer. In carrying out their duties, the person responsible for the nutrition program is assisted by the village midwife in each village. The Village Midwife is tasked with monitoring daily lamp house activities in the village. The activity of providing local providing supplementary food Rumah Pelita in the Village is carried out by Health Cadres. The number of Health Cadres in each village varies.

The following is an excerpt from an interview with the main informant regarding obstacles in manpower

"..... there are villages where the number of cadres is not enough, like Dukuhjati Wetan Village" (IU-PG, IU-B2, IT-K2) .

Employment problems, there are still villages where the number of Rumah Pelita cadres is small, namely only 3 people.

2. Means

The following is an excerpt from an interview regarding the facilities and infrastructure of Rumah Pelita's local supplementary food program:

"..... facilities and infrastructure include the place, currently the place is in the cadre's house, the cooking equipment belongs to the cadre, the equipment for measuring weight and height belongs to the integrated healthcare center, for counseling also the media comes from the integrated healthcare center or from the puskesmas" IU -PG

“..... Cooking utensils, stationery, weighing and height measurement equipment” (IU-B1, IU-B2, IU-B3, IU-B4, IU-B5)

“..... There are tools, from PKK, right? Cooking utensils from PKK, kitchen scales from integrated healthcare center, register book, KMS" IT-K4

“..... Cooking utensils have cadres, some from community health centers and integrated healthcare center such as report forms, register books, KMS, scales" IT-K5

Based on the results of in-depth interviews with the main informants, it can be concluded that the facilities and infrastructure used for the Rumah Pelita supplementary food program include the activity area which is located in the cadre's house, cooking utensils which belong to the cadre, tools for measuring weight and height which belong to the cadres. Integrated Healthcare Center. Apart from what was mentioned by the main informant, two triangulation informants added the facilities and infrastructure used for the Rumah Pelita supplementary program, namely register books and scales.

The following is an excerpt from an interview regarding obstacles in targets and infrastructure:

"..... The problem is that if we don't have cooking utensils at home, in the end we will have difficulties" IU-PG

“..... I don't have my own cooking utensils” IU-K1

"..... I still borrow cooking utensils from cadres, I don't have my own tools yet" IU-B2, IU-B4, IU-K1, IU-K2, IU-K5

Based on the results of in-depth interviews with key informants and triangulation informants, it can be concluded that the obstacle in the facilities and infrastructure used in the Rumah Pelita supplementary food program is that they do not have their own cooking equipment.

3. Fund

The following is an excerpt from an interview regarding budget sources in the Rumah Pelita supplementary feeding program :

"..... Everything comes purely from the village, the village budget" (all main informants and triangulation informants)

Based on in-depth interviews, all informants said that funds for Rumah Pelita's activities came from village funds

The following is an excerpt from an interview regarding funding constraints:

"..... There are villages that have not been able to budget for all stunting targets or nutrition for protein energy deficiency toddlers and there are several villages that have not budgeted for transport or cooking honorariums" IU-PG

"..... There are no equipment rental costs, cadre transport is not sufficient, the budget for providing supplementary food is also lacking because it is only 7,000" IU-K1

“..... Nothing for equipment maintenance” IU-K4

“..... Little cadre transport money” IU-K1, IU-K2, IU-K4

From the results of in-depth interviews with key informants, it can be concluded that the obstacles in funding for the Rumah Pelita supplementary food program include, among other things, there are villages that have not been able to budget for all stunting targets, there are villages that have not budgeted for cadre transport, insufficient cadre transport, insufficient and non-existent providing supplementary food budgets. equipment rental costs. Three triangulation informants said that there was little cadre transportation.

4. Material

"..... The providing supplementary food that is distributed is in the form of a snack, so it's not a big meal, the concept of the snack is 4 stars, it is complete, it must contain carbohydrates, animal protein, vegetable protein and vitamins, and every day there is also modisco besides the snack, every day the menu changing, the menu cycle is 7 days or 10 days, the nutrition officer or me makes the menu. Every week or 10 days they are given rice with complete side dishes and fruit." PG

"..... providing supplementary food given to toddlers is in the form of 4 star snacks, so it is not a big meal, 4 star is nutritionally sufficient and contains carbohydrates, vitamins, animal and vegetable protein, the form of snacks is not a big meal, apart from that there is modisco, oh yes every Sunday while considering there will be a big menu, namely rice and fruit. ” IU-B1, IU-B2, IU-B3, IU-B4, IU-B5

"..... Four star snack menu and once a week we give complete rice" IT-K1, IT-K2, IT-K3, IT-K4, IT-K5

Based on the results of interviews with the main informants and triangulation informants regarding the ingredients in the Rumah Pelita supplementary food program, the additional food provided at Rumah Pelita is in the form of snacks with a star place concept. The snacks provided contain complete carbohydrates, vitamins, animal protein and vegetable protein. The additional food menu changes daily. Every day the target toddler is given Modisco milk. Rice complete with side dishes and fruit is given once a week as an example of a balanced nutritious meal.

5. Method

“..... providing supplementary food is cooked directly by health cadres every day for 90 days or 3 months. providing supplementary food is distributed by health cadres or mothers bring it themselves to the Rumah Pelita post. While carrying out the distribution, Health Cadres provide assistance to mothers of toddlers and provide counseling as well. Once a week there is a

complete meal as a learning event. Counseling is carried out by village midwives and nutrition officers at any time or during meetings or meetings, oh yes there are meetings too, these meetings include counseling and evaluation, the meetings are at the beginning of the activity, in the middle of the activity and at the end of the activity In the middle of the meeting and at the closing , we provide guidance and direction as well.” IU-PG

"..... Those who cook for the cadres, take one post for each cadre so they can finish cooking. If you take one post, it's cooked, that's it, share it. "While sharing with the cadres while talking about their toddlers, it's a kind of counseling." IU-B1

"..... Every day 3 cadres cook in one place, thank God the ladies are willing to take it themselves so it's not the cadres who distribute it. When mothers take providing supplementary food, the cadres provide counseling to mothers of their toddlers. "If there is a problem, the cadre reports it to the village midwife, for example the child doesn't want to eat providing supplementary food, the child's weight is not increasing or other problems." IU-B2

"..... We do it in one place to make it, for making providing supplementary food we don't divide post to post, the number of cadres takes turns. While distributing the cadres we also provide counseling to mothers of toddlers." IU-B3

"..... Yes, cooked there after packing means it is distributed by cadres" IU-B4, IU-B5

Based on the results of interviews with key informants, it can be concluded that the implementation of the additional food program made from local food at Rumah Pelita was carried out by making providing supplementary food by health cadres for 90 days or 3 months. providing supplementary food is cooked by health cadres every day. Every day providing supplementary food is distributed by health cadres to target homes or mothers of toddlers who take it themselves to the Rumah Pelita post. While carrying out the distribution, health cadres provide assistance and counseling to mothers of toddlers. Health cadres monitor toddlers' health every day. If there is a health problem in the target toddler, the cadre reports it to the village midwife or nutrition officer. Once a week there is a rice meal complete with side dishes as an educational tool for mothers of toddlers to show examples of balanced toddler menus that mothers can provide at home.

Process

1. Planning

The following are the results of the interview regarding the implementation of the Rumah Pelita supplementary food program:

"..... Determining the target from the nutrition officer will determine how much will be given from the village according to their respective abilities" IU-PG

“..... Determining targets from nutrition officers, the amount given from the village according to each individual's abilities. From height according to age. Those selected were malnourished and very short. The priority is that the target is very short. The rest are short. Judging from the economy too, priority is given to the IU-B1

"..... In accordance with the village budget, from a village of 30 people, the target number is determined by the village according to the village budget, the village midwife chooses the toddler, the stunted toddler is chosen" IU-B2

"..... Preference is given to those who are stunted and from poor families" IU-B3

"..... Those selected are those with poor nutrition and stunting, priority will be given to poor families" IU-B4

"..... Mrs. Heni's target, specifically for Rumah Pelita, is stunting toddlers" IU-B5

Based on the results of interviews with key informants, the activity budget for each village is different. Rumah Pelita's target is stunted and malnourished toddlers per village obtained from data from Puskesmas nutrition officers. The priority targets are stunted toddlers who come from underprivileged parents. If the budget is sufficient then all targets are included in Rumah Pelita's targets for the current year, if the budget is insufficient then these targets are included in Rumah Pelita's activity targets for next year. Planning is carried out for the next 2 years, in 2021 it is proposed, in 2022 the budget is entered, in 2023 it is implemented.

2. Implementation

"..... The activity is to provide providing supplementary food for 90 days, while distributing it while the mothers of toddlers are given counseling, then there is group counseling, the counseling is during the evaluation, so once a month the mothers of toddlers are gathered, then there is counseling, counseling can be done by health cadres or village midwives," IU- P.G

"Providing local providing supplementary food, counseling during launching, evaluation and closing, counseling" IU-B1

“..... Providing additional food for toddlers, mentoring toddlers by cadets, counseling. "Then the group counseling is done during the evaluation, the counseling can be carried out by cadres and their weight and height are measured," IU-B2

"..... Local providing supplementary food distribution, there is counseling for those who are not interested, there is outreach, socialization as well as counseling" IU-B3

"..... Additional providing supplementary food and providing supplementary food integrated healthcare center, counseling to cadres, counseling during launching and evaluation, from educational cadres during distribution, during distribution while asking how much to eat, while also providing education" IU-B4

"..... providing supplementary food only, counseling is launched at closing, cadre assistance, counseling can be via Whatsapp" IU-B5

Based on the results of interviews with the main informants, the Rumah Pelita feeding program was implemented for 90 days. Other activities in the Rumah Pelita program include counseling, mentoring mothers of toddlers, and counseling. cadres provide counseling and assistance to mothers of toddlers, group counseling and counseling are carried out by nutrition officers and village midwives

3. Technical Monitoring and Guidance

The following is an excerpt from an interview regarding reporting on the Rumah Pelita supplementary food program:

"..... Reporting is like a book, things that are reported include the results of measuring weight and height, as well as a recap of additional food menus that toddlers like and those that toddlers don't like. Reports are sent from cadres to nutrition officers once a month. There is no recording by mothers of toddlers" IU-PG

"..... Reporting to the Village. The village accountability letter includes a receipt list, attendance list and analysis results. Reporting body weight every week to the nutrition officer. Weight and height reports are sent to the nutrition officer once a month" IU-B1, IU-B2, IU-B3, IU-B4, IU-B5

Based on the results of the interview, it can be concluded that the reporting was carried out by health cadres to the Puskesmas nutrition officers. Things that are reported include the results of measurements of body weight and height, a recap of the food menu that the toddler likes and dislikes. Financial accountability reports are prepared by the village.Recording and

4. Reporting

The following is an excerpt from an interview regarding reporting on the Rumah Pelita supplementary food program:

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"Reporting to the Village. The village accountability letter includes a receipt list, attendance list and analysis results. Reporting body weight every week to the nutrition officer. Weight and height reports are sent to the nutrition officer once a month" IU-B1, IU-B2, IU-B3, IU-B4, IU-B5

Based on the results of the interview, it can be concluded that the reporting was carried out by health cadres to the Puskesmas nutrition officers. Things that are reported include the results of measurements of body weight and height, a recap of the food menu that the toddler likes and dislikes. Financial accountability reports are prepared by the village.

5. Evaluation

The following is an excerpt from an interview regarding the evaluation of the Rumah Pelita supplementary food program:

“..... The evaluation of the Rumah Pelita program has gone well. At the evaluation meeting, the results of the nutritional status of toddlers after participating in the Rumah Pelita program were presented. During the evaluation there was also counseling "IU-PG, IU-B1, IU-B2, IU-B3, IU-B4, IU-B5

Based on the results of interviews with key informants, conclusions can be drawn that the Rumah Pelita program evaluation meeting is held once a month. The evaluation meeting activity explained the results of the nutritional status of toddlers after participating in the Rumah Pelita supplementary food program. During the evaluation, education was also carried out regarding stunting and nutrition

Output

1. Program Coverage

Based on the results of interviews with nutrition officers at the Health center, the results of the Rumah pelita evaluation in 2020 showed 61 stunted toddlers who received local supplementary feeding program for 90 days at pelita's house, after the program was completed there were 49.2% of toddlers who passed stunting. In 2021, out of 274 toddlers who received local supplementary feeding program at pelita's house for 90 days after completing the local supplementary feeding program program, 39.42 toddlers were declared to have passed stunting, and in 2022, out of 116 toddlers handled, 47.4% were toddlers after completing the supplementary feeding program program. The local at Rumah pelita was declared to have passed stunting.

DISCUSSION

The involvement of health cadres in the Rumah Pelita program is in accordance with the guidelines for providing additional food for the recovery of malnourished toddlers from the Ministry of Health in 2011 (Kemenkes RI, 2011).

In this research, it was found that there was a lack of health cadres in one village. To overcome this, the village should increase the number of cadres because the limited number of cadres can affect the quality of services provided.

Infrastructure is essentially everything that can support the implementation of an activity (Azwar, 2008). The availability of facilities and infrastructure is one of the determining factors for the performance of a policy (Isra, 2014). Facilities and infrastructure are successful in supporting a program (Handayani et al., 2008). Facilities and infrastructure are successful in supporting a program (Handayani et al., 2008). Based on the research results, it was found that Rumah Pelita also does not have its own equipment, including cooking equipment and equipment for measuring weight and height. This research is in line with Doren's research in 2019 which stated that health examination facilities and equipment related to activities providing additional nutritional food at the Oepoi Community Health Center were still limited (Doren et al., 2019).

The Indonesian Ministry of Health provides financing for the implementation of providing supplementary food activities made from local food through Non-Physical Special Allocation Funds. However, funding for implementing similar activities can come from various sources (Kemenkes RI, 2023).

Based on the 2023 Local providing supplementary food Guidelines from the Ministry of Health, the preparation of Local providing supplementary food activity plans includes food costs of 80%, processing costs of 15% (without cooking utensils), management costs of 5%. (Kemenkes RI, 2023). Funds have a very important role in implementing the providing supplementary food program (Jayadi et al., 2021). One of the things that hinders the management of implementing nutrition programs is limited funds (Indiati, 2019). The activity of providing local providing supplementary food at Rumah Pelita uses village funds, this is in line with the Regulation of the Minister of Villages, Development of Disadvantaged Villages and Transmigration Number 7 of 2021 concerning Priority Use of Village Funds in 2022 which, among other things, states that "Use of Village Funds for National Priority Programs According to the authority "Village is Stunting Prevention to create a Healthy and Prosperous Village." (Kemendes PDT, 2021).

Funding problems, there are villages that have not been able to budget for additional food for all targets. If the budget is insufficient to provide additional food to all targets, the solution is that target toddlers who have not received additional food this year are proposed as targets for providing additional food next year. Another funding obstacle is that there are

villages that do not budget for cadre transport. To ensure the smooth running of the Rumah Pelita program, each village must budget funds for cadre transportation.

Health workers, including cadres who provide essential health services, must receive adequate wages and/or other commensurate incentives. The incentive factor is one way to improve the performance of health cadres. The absence of cadre transport in the Rumah Pelita program can affect performance. Factors that influence cadre performance include the existence of incentives (Wirapuspita, 2013). For the sake of the smoothness and sustainability of the Rumah Pelita program, it is natural for Rumah Pelita cadres to receive incentives or transport money according to their needs.

The provision of additional food made from local food at Rumah Pelita has a 4 star concept in accordance with the technical instructions for the provision of additional food made from local food for toddlers and pregnant women in 2023, namely providing additional food in the form of ready-to-eat food. The additional food provided is rich in animal protein sources with attention to balanced nutrition, this aims to obtain a high protein content and complete essential amino acids.(Kemenkes RI, 2023).

Food ingredients in the form of snacks provided by Rumah Pelita were carried out consecutively for 90 days, different from Putri and Raharjo's research in 2021 where the process of making local food by integrated healthcare center Madya was carried out for 2 weeks in one additional food month. implementation of the feeding program, on other days the target of the additional feeding program is food production (Putri & Rahardjo, 2021).

The activity of providing local providing supplementary food at Rumah Pelita is prepared and cooked by health cadres, mothers of toddlers are not involved in the providing supplementary food cooking process. The method of organizing local providing supplementary food at Rumah Pelita is in accordance with the Ministry of Health's guidelines, except that the processing and cooking of providing supplementary food is carried out by health cadres themselves without the assistance of mothers of toddlers. Planning is an effort made to formulate additional recovery feeding activities (India, 2019). Planning and preparing schedules for additional feeding activities

CONCLUSION

Input variables that need attention include the insufficient number of cadres, there are still villages that only have 3 lamp house cadres, there are still villages that have not budgeted for equipment rental, equipment maintenance and cadre transportation. The process variable shows that planning, especially targeting, is not precise. The output variable shows that the program

targets are correct and there is an increase in the number of toddlers who escape stunting after the local supplementary food program at Pelita homes for 90 days. It is necessary to integrate central and regional government policies regarding the handling of stunting in toddlers, so that there is a division in the budgeting for handling stunting.

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